

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>SW</i>	<i>32</i>	<i>1/31</i>
FORMALITY REVIEW	<i>S.B.</i>	<i>7C 895</i>	<i>02-15-01</i>
RESPONSE FORMALITY REVIEW	<i>Z.M.</i>	<i>927</i>	<i>07/26/01</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
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Claim	Date
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If more than 150 claims or 10 actions  
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